SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 **Bayfield County**

BAYFIELD CODILEY, IMISCONSIN Date Samp (Received)
JUN 19 2015 APPLICATION FOR PERMIT

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Bayfield Co. Zoning Dept. THE STATE OF THE S Permit #: Refund: Date: Amount Paid: (0,09-) 5-000 5-60.0

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Departmen

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City/State/Zip: 5 (82) Cell Phone City/State/Zip: 5 (82) Plumber: Plumber: Plumber	Are W	Is Property in Floodplain Zone?	4 14	is from Shorelin	Distance	escontinue id or Flowage escontinue	f Floodplain? If y. 1000 feet of Lake, Pon If y.	dward side of //Land within //Land within	k or Land Property	 	Shoreland
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1610 Sherward De N. MANKAR MN. 5600 7 City/State/Zip: 5 4821 Character Phone: Plumber:	uthoriza	Written <i>I</i> Attached	2/Zip):	City/St	Agent Maili			cation on behalf	ning Applic	ed Agent: {Person Sig	Authori
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1610 Sherwood Da N. MANKAS MN. SEW 3	ŗ.	COR		701	2 ~	itate/Zip:	City/S	D C		Address of Property:	Address of Prop
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Mailing Address:	e:	융		.		83		5	7	Owner's Name:	Owner's Name:
						ANT.	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	PERMITS HAVE	INTIL ALL	ART CONSTRUCTION (O NOT ST

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that It will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any responsible time for the purpose of inspection. d All Owners must sign or letter(s) of authorization must accompany this application)

M Swar

Pair of the owner(s) a letter of authorization must accompany this application)

Date

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(If you

Owner(3). _______(If there are Multiple Owne

Authorized Agent: Transing!

Sa Co

Date 6 N 2

Shull Rack Attach
Copy of Tax Statement
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

DUE FOR

Address to send permit_

Mark

Rasymassin

42660

Draw or Sketch your Property (regardless of what you are applying for)

(3) (2) (3) Show Location of:
Show / Indicate:
Show Location of (*):

Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

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Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Setbacks: (measured to the closest point)

Description

Measurement

Setbacks: (measured to the closest point)

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet		Setback to Privy (Portable, Composting)	Š
			Feet	4	Setback to Drain Field	Ş
Feet	70	Setback to Well	Feet	401	Setback to Septic Tank or Holding Tank	Ś
Feet		Elevation of Floodplain	Feet	5 m +	Setback from the East Lot Line	Ñ
ON L	Yes	20% Slope Area on property	Feet	184	Setback from the West Lot Line	Ś
Feet	Name of the last o	Setback from Wetland	Feet	104	Setback from the South Lot Line	Ŋ
			Feet	٥	Setback from the North Lot Line	S
Feet	N.M.	Setback from the Bank or Bluff				<u> </u>
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ment	Measurement	Description	int	Measurement	Description	
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other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

		Hold For Fees:	Hold For	davit:	Hold For Affidavit:	I	MId For TBA:	Hold Fo		Hold For Sanitary:
JE.	Date/St Applo							5		Signature of Inspector
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			sched.)	Condition(s): Town, Committee or Board Conditions Attached? 🖂 Yes 🗂 No – (If No they need to be attached.)	₩ - (If)	ղed? П Yes	anditions Attacl	or Board Co	Complittee o	ondition(s): Town,
tion:	Date of Re-Inspection:			\@n	Marie	Inspected by			800	Date of Inspection: 6/26
J.	Zoning District Lakes Classification									Inspection Record:
□No	&Yes	Represented by Owner Was Property Surveyed	es Repre Was Pi	Were Property Lines Represented by Owner Was Property Surveyed			XYes □ No	Created lineated	Was Parcel Legally Created ed Building Site Delineated	Was Parce! Legally Created Was Proposed Building Site Delineated
	#	ce (B.O.A.) Case #	y Variano	Previously Granted by Variance (B.O.A.)				Case #:		Granted by Variance (B.O.A.)
□ Yes No	Affidavit Required Affidavit Attached	I No	ା ଦ Yes	Mitigation Required Mitigation Attached	ON O	us Lot(s))	□ Yes (Deed of Record) □ Yes (Fused/Contiguous Lot(s)) □ Yes		-Standard Lot n Ownership n-Conforming	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
				0-29-15		Permit Date:		~ 1) (S) (S)	Permit#: 15~
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	Sanitary Date:	lrooms:	# of bedrooms:		nber:	Sanitary Number:	Only)	ınty Use	nation (Cou	Issuance Information (County Use Only)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO Bayfield Co. Zoning Dept.

Techelaliai Staff				Rec'd for	Municipal Use	İ			Commercial Use				Residential Use				Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)					があれ	>		donated time & material	of Completion * incline	Value at Time	Non-Shoreland		Shoreland —			Section	1/4, _	COLUMN	PROJECT:	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	16715	Address of Property:	17. J. S.	TYPE OF PERMIT REQUESTED—>
		205		Rec'd for Issuance					Use				Use				ē	uction:	e: (if permit bei		Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	■ New Construction		Project			☐ Is Property		🛱 is Property Creek or Lan		5 , Township	1/4	***************************************	Legal Description:	(Person Signing Appli		Store		o Kh	REQUESTED→
Other: (explain)	Conditiona	Special Use: (explain)		Accessory	Accessory Building	Addition/A	Mobile Ho	Bunkhouse							Residence	Principal St			ng applied for			ness on		-		ruction		4			/Land within		/Land within dward side of		C		_		cation on behalf		216	***************************************	ンピア	☐ LAND USE
ain)	Conditional Use: (explain)	: (explain)		≥	Building (sp	Addition/Alteration (specify)	Viobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	(i.e. cabin, hunting shack,	Principal Structure (first structure on property)			is relevant to it		Foundation	□ No Basement	□ Basement	☐ 2-Story	1-Story + Loft	☐ 1-Story	and/or pasement	# of Stories			\square is Property/Land within 1000 feet of Lake,		∀ s Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?		N, Range		ot Lot(s)	(Use Tax Statement)	of Owner(s))		20			
		***************************************		tion/Altera	_	ecify)	red date)	y, <u>or</u> □ slee	ed Garage	eck		orch	1		inting shack	t structure o	Prop	Len			n	lent	F	-			ment				ke, Pond or Flowage If yescontinue		er, Stream (i		\) CSM	PIN: (23 digits)	Agent Phone:	Contractor Phone:	6	City/State/Zip:	10° 68° 88° 88° 88° 88° 88° 88° 88° 88° 88	SANITARY I PR
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	and the second s				24 " 124 "												Square	00							_ 🗷 Well	□ City		Water			No Nes	□ Var	Are Wetlands	Pi) m			Document: (i.e. Property Ownership)	Written Authorization Attached Ves No	hone:) [^] [ū	6 8 30	OTHER

Address to send permit . かつか 200 5482 company this Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

(If you are signing on behalf of the owner(s) a letter of authorization must

application)

Date

Date

Authorized Agent:

Owner(s): ______(If there are Multiple

on the Deed All Owners

must sign or letter(s) of authorization must accompany this application)

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FAILURE TO OBTAIN A PERMIT ON STANTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT ON TRANSITION ON FIRM ON FIRM ON FOR A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield county** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at that general part of inspection.

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point) Description				Feet	Setback to Privy (Portable, Composting)
Measurement Measurement Measurement Measurement Setback from the Lake (ordinary high-water mark) Pht-of-Way Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Q0 Feet Setback from Wetland NA Feet Setback from Wetland NA Feet Setback from Floodplain NA Setback to Well Setback to Well				75 Feet	Setback to Drain Field
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Measurement Measurement Measurement Measurement Measurement Description Measurement Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 96 Feet Setback from Wetland	No	Yes	20% Slope Area on property	50 Feet	Setback from the West Lot Line
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surement Description 1					
(8) Setbacks: (measured to the closest point)	ment	Measure	Description	Measurement	Description
				est point)	(8) Setbacks : (measured to the close

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or the other previously surveyed corner. Or must be

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be me other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Hold For Sanitary: Hold For TBA: Hold For Affidavit:	Signature of Inspects	Condition(s):Town, Committee or Board Conditions Attached? - Yes No-(If MO Not See No (If MO Not See Not See No (If MO Not See Not See No (If MO Not See Not See No (If MO Not See Not	Date of Inspection: 6/26 Inspected by: 960.44	Inspection Record:	Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) Li Yes (MNo Case #:	Is Parcel a Sub-Standard Lot U Yes (Deed of Record) \(\subseteq \text{No} \) Is Parcel in Common Ownership \(\subseteq \text{Yes} \) (Fused/Contiguous Lot(s)) \(\subseteq \text{No} \) Is Structure Non-Conforming \(\subseteq \text{Yes} \)	Permit #: 15-0359 Permit Date: 6-29	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Number:
it: 🗆 Hold For Fees-	Date of the control o	□ No ¬(If № they need to be attached.)		Zoning I	Were Property Lines Represented by Owner X Yes Was Property Surveyed X Yes	Previously Granted by Variance (B.O.A.) Case #:	Mitigation Required □ Yes & No Affidavit F Mitigation Attached □ Yes & No Affidavit /			# of bedrooms: Sanitary
THE TAX PROPERTY OF THE PROPER	Date of Approval:		Date of Re-Inspection:	oning District ($ ho \!\!\!\!/ \;\!\!\!/ \;\!\!\!\!/ \;\;\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	□ No		ildavit Required ☐ Yes S No ildavit Attached ☐ Yes S No			Sanitary Date:

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Departmen DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN

APPLICATION FOR PERMIT
BAYFIELD COMMIN, MISCONSIN
Date Stampingsceived)

JUN 262015

Bayfield Co. Zoning Dept.

Date: Amount Paid ermit #: #75 6-29-

Refund:

Telephone: Tel

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Authorized Agent

of the

accompany this application)

Date / GAP.

Address to send permit

den ministern meneral tremsted et		Hold For Fees:		Hold For Affidavit:	[BA: []	Hold For TBA:	Hold For Sanitary	
	Date of Approval.	1	1		1		Signature of Inspe	
					Presser	Ho human	F 2	
		d.	-(If <u>No</u> Wey need to be attached.)	Yes 🗷 No		Committee or	Condition(s): Town	
	Date of Re-Inspection:		leg	1	pec	6251	Date of Inspection:	, ,
3	Zoning District (Ž				1 Care	Inspection Record:	
O NO	DYes TYes	. N	Were Property Lines Represented by Owner Was Property Surveyed		Yes □ No	Was Parcel Legally Created Z Was Proposed Building Site Delineated Z	Was Was Proposed E	,
		- '¥-	Previously Granted by Variance			xce (B.O.A.)	Granted by Variance (B.O.A.) Yes (No	
es ZNo	Affidavit Required ☐ Yes Affidavit Attached ☐ Yes	(No	Mitigation Required Mitigation Attached	O O O	(Deed of Record)(Fused/Contiguous Lot(s))	□ Yes	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	¥
			3231	- N	Permit Date:		Permit #: 6	
				Reason for Denial:	Reasor	ate):	Permit Denied (Date):	
	Sanitary Date:	# of bedrooms:	**************************************	Sanitary Number:	(N.) V V 1	Issuance Information (County Use Only)	Issuance Info	
L(W).	(H1), Privy (P), and Well (W). It begun. m Dwelling Code.	Holding Tank Tor Use has no roe The Unifore ermits.	Septic Tank (ST), Drain field (DF), the Date of Issuance if Construction Municipalities Are Required To Enforederal agencies may also require po	One (1) Year from the Dwelling: ALL IV By City, State or Fe	Id Location(s) of New York Permits Expire (see York Two Family The local Town, Villa)	NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL I The local Town, Village, City, State or F	(9)	
e visible from er must be	dary line from which the setback must be measured must be visible from orner within 500 feet of the proposed site of the structure, or must be	e boundary line from which the set own corner within 500 feet of the p	e minimum required setback, the if a corrected compass from a kn	se. n thirty (30) feet from th the Department by use o	rveyor at the owner's expensanten (10) feet but less that yed corner, or verifiable by	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boun one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known comarked by a licensed surveyor at the owner's expense.	other previously survey Prior to the placement one previously surveye marked by a licensed su	
Ved corner to the	Isible from one previously survey	• nust be measured must be v	Setback to Well	Feet Feet	an (10) feet of the minimum	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required	Setback to Drain Setback to Privy Setback to Privy	
		am	Elevation of Floodpi	1	100	East Lot Line	Setback from the	
Feet		nd ope Area	Setback from Wetland Setback from 20% Slope /	Feet 5		West Lot Line	Setback from the South Lot Line	
Feet		nk or Bluff	Setback from the Ba	Feet	82	North Lot Line	Setback from the North Lot Line	
Feet	mark)	Setback from the Lake (ordinary high-water r Setback from the River, Stream, Creek	Setback from the Lal Setback from the Riv	Feet	ad 85 y	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Setback from the	
Measurement	Measu	Description		Measurement	Mea	Description		
Zoning Dept.	oved by the Planning & Zoning Dept.	Changes in plans must be appro	// Change		to continuing) the closest point)	(8) Setbacks: (measured to	Please compl	
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	125	1	5-101			45		74.44
	· (*) Privy (P)	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond- (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond- (*) Wetlands; or (*) Slopes over 20%	*) Frontage Road *) Frontage Road ires on your Prop ptic Tank (ST); (* (*) Stream/Cree *) Slopes over 20	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	Show / Indicate: Show Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):	(3) (2) (4) (6) (7)	
			are applying for)	of what you are	Proposed Construction	Show location of:	<u>Jos bel</u>	